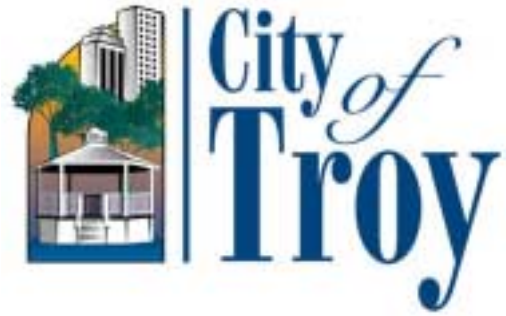


**City of Troy
City Clerk's Office
500 West Big Beaver
Troy, Michigan 48084
(248) 524-3331**



(Send Application & Remittance to Above Address)

APPLICATION FOR DANCE HALL LICENSE

Date _____

Applicant _____ Age _____

Address _____

City/State/Zip _____

Co-Partnership, Firm, Corporation, Society, Association, Etc.:

Name _____ Address _____

City/State/Zip _____

Name _____ Address _____

City/State/Zip _____

Name _____ Address _____

City/State/Zip _____

D/B/A _____

have you/or co-partner been convicted of a felony ☐ yes ☐ no or a crime ☐ yes ☐ no involving moral turpitude for a period of two (2) years prior to this application?

Have you read and are you thoroughly acquainted with Dance Hall Ordinance #67?
☐ yes ☐ no

I hereby certify that the forgoing information is complete and true.

Owner's Signature

DATE ROUTED TO DEPARTMENTS FOR INSPECTIONS _____

Department	Approved	Disapproved	Signature	Date
Police				

Date License Issued by City Clerk's Office _____